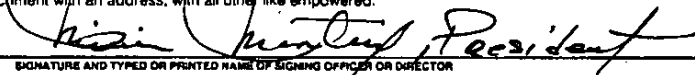


2005 FOR PROFIT CORPORATION ANNUAL REPORT

3 **FILED**
Apr 19, 2005 8:00 am
Secretary of State

03-21-2005 90093 020 ***158.75

DOCUMENT # 512167			
1. Entity Name FARMACIA LUIS, NO. 3, INC.			
Principal Place of Business 3195-97 S.W. 18TH ST. MIAMI, FL 33145		Mailing Address 3195-97 S.W. 18TH ST. MIAMI, FL 33145	
2. Principal Place of Business		3. Mailing Address 3601 Sw 8 Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Miami, Florida 33135	
Zip	Country	Zip	Country
33135	USA	33135	USA
6. Name and Address of Current Registered Agent MARTINEZ, LUIS 3601 SW 8TH ST. MIAMI, FL 33135		7. Name and Address of New Registered Agent Name Manuel Zaiac Street Address (P.O. Box Number is Not Acceptable) 1000 SW 2 Street Suite 2350 City Miami FL Zip Code 33131	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MARTINEZ, LUIS 47 MARABELLA CORAL GABLES, FL ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	President ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Miriam Martinez 3601 SW 8 Street Miami, Florida 33135 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		(305) 445-5393	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 3/08/2005 Daytime Phone #	

66011125



03112005 Chg-P CR2E034 (10/03)

4. FEI Number **59-1700504** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**